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34802 7590 12/26/2007

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Michael J. Colitz, III		(Depositor's name)
<i>Michael J. Colitz, III</i>		(Signature)
03/25/08		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/711,427	09/17/2004	Patrick Murphy	106734.00008	5426

TITLE OF INVENTION: BRAILLE CELL CAP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$0	\$0	\$720	03/26/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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FERNSTROM, KURT 3711 434-112000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents C.R., alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Holland & Knight LLP</u> 2 _____ 3 _____
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(A) NAME OF ASSIGNEE

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Freedom Scientific, Inc.

St. Petersburg, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature

Michael J. Colitz, III

Date 03/25/08

Typed or printed name Michael J. Colitz, III

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